

**MEDICAL EXPENSE STATEMENT**

*List non reimbursed amounts you paid in 2007 for qualified medical expenses.*

CLAIMANT'S NAME \_\_\_\_\_ COUNTY \_\_\_\_\_

**MEDICAL INSURANCE – 1 YEAR PREMIUM**

Include only insurance premiums for policies that cover medical care.

Name of Payee	Amount Paid
1	\$
2	
3	
	<b>Total</b>

**NAME OF DOCTORS**

Name of Payee	Amount Paid
1	\$
2	
3	
4	
	<b>Total</b>

**PRESCRIPTION DRUGS**

Name of Payee	Amount Paid
1	\$
2	
3	
4	
	<b>Total</b>

**HOSPITAL, AMBULANCE, NURSING HOME ETC**

Name of Payee	Amount Paid
1	\$
2	
3	
	<b>Total</b>

Please use the back for additional listings.	<b>Total from back</b>	<b>\$</b>
<b>GRAND TOTAL</b> – Transfer amount to line 13 of the property tax reduction application		<b>\$</b>

*I understand that I may be required to provide documentation from the provider of the service for expenses claimed on my Property Tax Reduction application.*

UNDER PENALTY OF PERJURY, I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION PROVIDED HEREIN IS TRUE, CORRECT, AND COMPLETE.

\_\_\_\_\_  
SIGNATURE OF CLAIMANT OR REPRESENTATIVE

\_\_\_\_\_  
DATE

Name of Payee	Amount Paid
1	\$
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	<b>TOTAL</b>

**LODGING – (Maximum lodging expense is \$50. per night)**

	<b>TOTAL</b>

**MEDICAL MILEAGE:**

<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .20 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .20 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .20 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .20 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .20 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .20 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .20 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .20 PER MILE</b>
			<b>Total        \$</b>
<b>TRANSFER TOTAL TO FRONT OF FORM</b>			<b>GRAND TOTAL        \$</b>